

CalHFA TEFRA HEARING CHECKLIST\$ _____
TEFRA DOLLAR AMOUNT INCLUDING MARKUP

Please complete this form and return it with your CalHFA Application. If you have questions regarding this form and/or how to properly fill it out, please contact your CalHFA loan officer.

Project Name: _____**Project Address:** _____**Project City:** _____**Project County:** _____**Project Zip Code:** _____

Legal Name of Ownership Entity, exactly as it appears in Secretary of State filings: (NOTE: We cannot TEFRA your project unless your ownership entity name has actually been filed with the Secretary of State)

Type of Legal Entity: _____
(501(c)(3), General Partnership, Limited partnership, LLC)

Legal name of Non-Profit Operator or Property Manager exactly as it appears in Secretary of State filings:

Type of Legal Entity: _____
(e.g., 501(c)(3), General Partnership, Limited partnership, LLC)

Developer: _____

Principals: _____

Name	Name
------	------

_____	_____
Name	Name

Seller: _____

Principals: _____

Name	Name
------	------

Unit Description: _____
(e.g., family, elderly or special needs)

No. of Units: _____

Construction Type: _____
(e.g., rehab, new construction, preservation, etc.)

Construction Style: _____
(e.g., two-story walk-up, garden-style, townhomes, high-rise, etc.)